# JOB DESCRIPTION

JOB SUMMARY: The Community Health Worker is responsible for coordinating access to services by assisting clients in utilizing available resources, including scheduling medical appointments, accompanying clients to appointments as needed, assisting clients with obtaining a medical home, providing instruction on appropriate use of the medical home, educating clients about available community resources and referring clients to local social service agencies, coaching clients on self-management, conducting home visits and communicating client related information back to the clinical care team. The Community Health Worker assists clients with completion of medical program applications in order to build individual and community capacity and to serve as an advocate for clients and the community to assure they get needed services. The Community Health Worker is also responsible for identifying clients, completing initial needs assessments and maintaining follow-up with clients to ensure appropriate guidance to health services.

### **ESSENTIAL FUNCTIONS PERFORMED:** (Ordered by Importance)

Time (%)

- 60% 1) Serve as a member of the care team in support of patient engagement in self-management activities. Participate in care team huddles to understand and proactively respond to the needs of the client population. In collaboration with the clinical team, identify, consolidate and manage a high-risk patient registry. Complete client needs assessment, prioritize assistance, document and communicate social, behavioral and physical needs with the clinical team and in the patient records. Provide informal counseling, education, and social support to assist clients with gaining access to continuous care and enabling services. Coach/encourage patient self-management and adherence to clinical recommendations. Support the clinical care team by identifying client needs, documenting needs and referral of services and following up with the client to ensure appropriate outcome, track client progress and support self-management.
- 20% 2) Facilitate access to health related services by assisting clients in utilizing available resources, including scheduling medical appointments, accompanying clients to appointments as needed, assisting clients with obtaining a medical home, providing instruction on appropriate use of the medical home, educating clients about available community resources, referring clients to local social service agencies and documenting outcomes. Assist with completion of medical program applications in order to build individual and community capacity and to be an advocate for clients and the community to assure they get needed services.
- 10% 3) Identify potential clients through referrals from multiple sources, including the emergency room, hospital admissions, local physicians' offices, clinics, local social services agencies, and private referrals in order to determine guidance to health care and community resources; follow up with identified clients by telephone, mail, and/or home visit and make additional follow-up contacts with clients as necessary in order to ensure appropriate guidance to needed resources.

10% 4) Develops and maintains strong working relationships with external (e.g., referral sources and community agencies) and internal contacts (care team) through direct contact including participating in community meetings and care team huddles. Share information and resources, collaborate on initiatives and provide education to referral sources and community agencies in order to coordinate access to services.

100%

### REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

- ➤ Knowledge of the community being served and its residents, resources, and problems
- ➤ Knowledge of federal, state, and local programs and their eligibility requirements and application processes
- ➤ Knowledge of principles and practices of care coordination and self-management techniques
- ➤ Knowledge of health and social service systems
- ➤ Knowledge of confidentiality standards
- ➤ Knowledge of HIPAA compliance standards
- ➤ Knowledge of basic medical terminology
- ➤ Knowledge of health care program assistance
- ➤ Knowledge of CHW scope of practice and code of ethics
- > Skilled in written, verbal, and interpersonal communication
- > Skilled in time management
- ➤ Skilled in multi-tasking and managing multiple projects
- > Skilled in customer service
- Skilled in case documentation
- > Skilled in building and maintaining relationships
- ➤ Ability to actively listen
- Ability to work as a team and with peers
- ➤ Ability to work with minimal supervision
- ➤ Ability to work independently
- ➤ Ability to use web-based and computer applications (e.g., Word, Excel)
- ➤ Ability to travel
- ➤ Ability to prioritize and meet deadlines

## REQUIRED PREPARATION

#### Minimum Qualifications (REQUIRED):

- Minimum high school education or GED required
- Minimum of 2 year's experience in health, social, or community services required
- ➤ Valid Indiana driver's license and insurance required

<u>Preferred Qualifications:</u> College education preferred; Bilingual Spanish-English preferred; previous experience working in/with local agencies